

FEB 16 1937

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

398

## 1. PLACE OF DEATH

County Calloway  
 Township Fulton, Mo.  
 City Fulton, Mo. (No. \_\_\_\_\_)

Registration District No. 104  
 Primary Registration District No. 3008

File No. \_\_\_\_\_  
 Registered No. 12  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

Martin, Louis Henry  
 (a) Residence, No. Rolla, Mo. St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)

Length of residence in city or town where death occurred yrs. 10 mos. 12 ds. How long in U. S., if of foreign birth? yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. \_\_\_\_\_  
 (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

|  |                                  |   |
|--|----------------------------------|---|
| 3. SEX<br><u>Male</u>  | 4. COLOR OR RACE<br><u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>married</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF<br><u>Mary Martin</u> |                                  |   |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)<br><u>70</u>                               |                                  |   |
| 7. AGE<br><u>70</u>  | YEARS<br><u>—</u>                | MONTHS<br><u>—</u>  |
|  | DAYS<br><u>—</u>                 | If LESS than 1 day, _____ hrs. or _____ min.                                |

|            |   |
|------------|---|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.<br><u>Farmer</u>                  |
|            | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.<br><u>—</u>                                |
|            | 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____ |

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio 2

13. NAME D.K. 31

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) D.K. 31

15. MAIDEN NAME D.K.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) D.K.

17. INFORMANT State Hospital Records  
(ADDRESS) Fulton, Mo.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Hospital Grounds Jan 18 1937

19. UNDERTAKER R. Emerson Fulton Mo  
(ADDRESS)

20. FILED Jan 18 1937 R. D. Cremer  
Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-15 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1 1936 to Jan. 15 1937  
 I last saw h. i. alive on Jan. 15 1937. Death is said to have occurred on the date stated above, at 9:00 a. m.  
 The principal cause of death and related causes of importance were as follows:

1) Broncho-Pneumonia 1-12-37

Other contributory causes of importance 10/12

2) Cachexia 1-11-37

3) Generalized Arterio-Sclerosis

Name of operation none Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? h Date of injury \_\_\_\_\_, 19 \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_

(Signed) F. A. Barnett M. D.

(Address) State Hospital No. 1.

Fulton, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

